

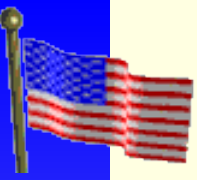
*Force Health Protection
Conference
Dental Health Promotion Track
11 August 2006*

Maximizing Soldier Oral Health

For

An Army At War

U.S. Army Dental Command



Today's Talk

- ✓ Health Promotion for today's changing Army
- ✓ DENCOT Health Promotion Initiatives for your Dental Clinics
- ✓ Community Oral Health Protection Report



U.S. Army Dental Command

Worldwide Dentistry



Focused on:

- Dental Readiness
- Oral Health (Dental Wellness)
- Health Promotion



Objective of the Health Promotion Initiatives

*“Put more dental into health
promotion and put more
health promotion into the
dental care system.”*

The background of the slide features a large, stylized American flag with stars and stripes. Overlaid on the flag is a photograph of military personnel in camouflage uniforms. One soldier in the foreground is wearing a cap and looking off to the side. Another soldier is visible behind him, and a third is partially visible on the right edge. The text is overlaid on this image.

Health Promotion is Mission Essential.

It's a no-brainer for readiness.

With the DENCOM
materials, You...

Just add patients!



Today's Changing Army...
And the way we
have to adapt to them



The Strategic Context

- ***We are a nation at war***
- We need flexible, rapidly deployable forces and sufficient depth and strength to sustain multiple, simultaneous operations

Challenges for the Current Force

- ***War is the norm, peace is the exception***
- We are adapting to these challenges NOW

We have 364,000 SOLDIERS overseas in 120 countries



Clear Need for Change

✓ We have extended worldwide commitments

✓ We will remain at war for the foreseeable future

✓ We HAVE to keep our Soldiers healthy

Combatant Commanders need healthy Soldiers



The Soldier is the Centerpiece of All Our Efforts

- ✓ **Everything we do is designed to support the Soldier**
- ✓ **Today's Soldier has to stay healthy**
- ✓ ***How do we maximize the Soldier's state of health from the dental clinic?***





Army Fighting Forces

Soldier

S
100K+

**Current
Organization**
Army

70K+

Corps

15 -17K

Division

1.5K

Brigade/Regiment/Group

600

Battalion/Squadron

100-150

Company/Battery/Troop

30-50

Platoon

10-12

Squad/Section

4-6

Fire Team/Crew

1

Soldier

*Where do we
go and how
do we start?*

Today's Reality...



Where Troops go...

Fast food follows



Soldiers at War



YOU have the ability to
affect the health of our
Army....

Every patient encounter
must be maximized



When The Dental Team Is Out For Other Duty, Please Notify EMT For Dental Emergencies

1. **THEORY** – Explain the importance of the following:
 a. **THEORY** – Explain the importance of the following:
 b. **THEORY** – Explain the importance of the following:
 c. **THEORY** – Explain the importance of the following:
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 q. **THEORY** – Explain the importance of the following:
 r. **THEORY** – Explain the importance of the following:
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 t. **THEORY** – Explain the importance of the following:
 u. **THEORY** – Explain the importance of the following:
 v. **THEORY** – Explain the importance of the following:
 w. **THEORY** – Explain the importance of the following:
 x. **THEORY** – Explain the importance of the following:
 y. **THEORY** – Explain the importance of the following:
 z. **THEORY** – Explain the importance of the following:

1. **Abstract:** The purpose of this study was to investigate the effect of a 12-week training program on the physical and psychological health of sedentary middle-aged men. The study was conducted in a laboratory setting. The subjects were 20 men, aged 40-50, who were sedentary and had no history of cardiovascular disease. They were divided into two groups: a control group and an experimental group. The experimental group underwent a 12-week training program consisting of three sessions per week, each lasting 45 minutes. The training program included aerobic exercise, strength training, and flexibility exercises. The control group did not participate in any training program. The physical health of the subjects was measured using a variety of tests, including heart rate, blood pressure, and body composition. Psychological health was measured using a questionnaire that assessed stress, anxiety, and mood. The results of the study showed that the experimental group had significantly lower heart rates, blood pressures, and body fat percentages compared to the control group. Additionally, the experimental group reported lower levels of stress, anxiety, and mood compared to the control group. The results of this study suggest that a 12-week training program can improve the physical and psychological health of sedentary middle-aged men.

Yesterday....

Brushing.



“All together now—1, 2, 3, 4!”
Dental hygiene in Vietnam

Today...



*General Health Promotion &
Disease Prevention*



in the

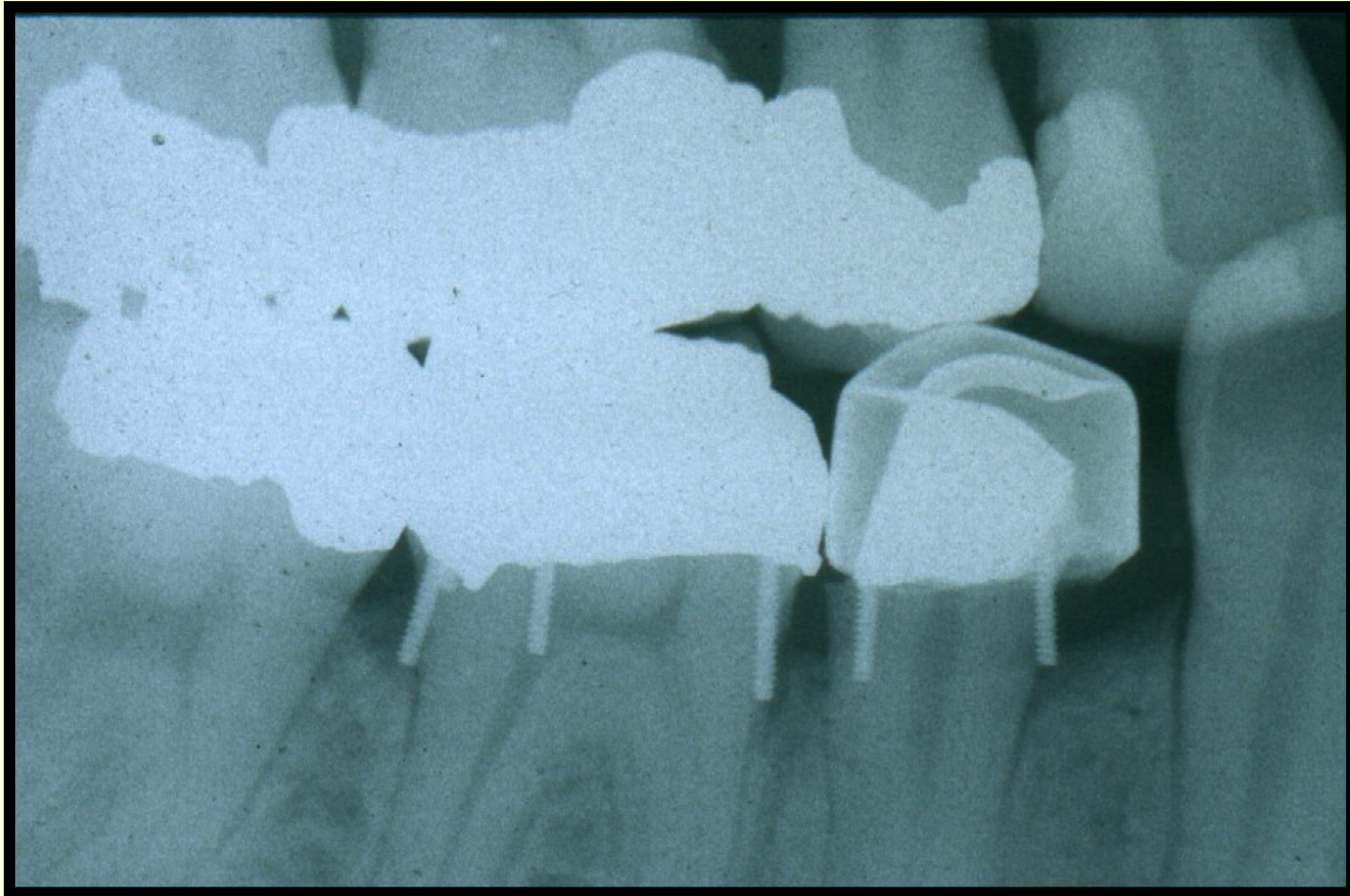
Army Dental Clinics

for

***Total Health of the
Soldier***

= Dental + Medical

Prevention....Better Choice

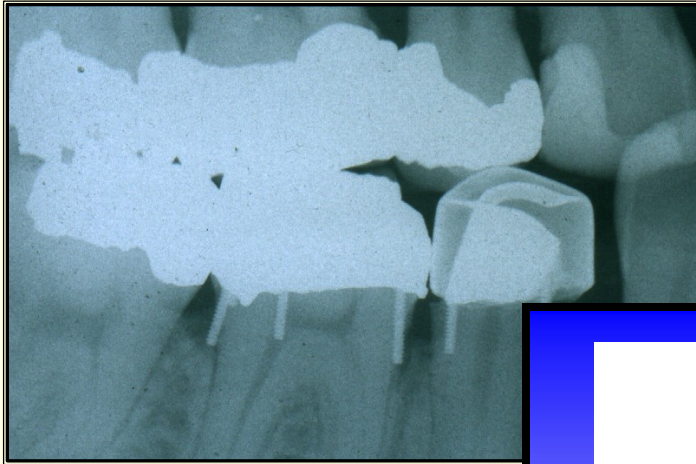




Innovate!

1SG Darlene C. Taylor, SDNCO Conference, Garmisch Germany
November 2005

Prevention....Better Choice



Today's Mission
and OPTEMPO
dictates
that we
do both...

Innovate!



AR 40-35

- http://www.usapa.army.mil/pdffiles/r40_35.pdf
- 2 Aug 2004 Version

Put more dental into health promotion and put more health promotion into the dental care system

Army Regulation 40-35

Medical Services

Dental
Readiness and
Community
Oral Health
Protection


Headquarters
Department of the Army
Washington, DC
1 August 2004

UNCLASSIFIED

Community Oral Health Protection Report



- Bi-Annual Report
- Report Periods:
 - 1 Oct-31 March
 - 1 Apr-30 Sep
- Completed by DFO
- Reviewed by CDR
- Forwarded to DENCOM through RDC

 Community Oral Health Protection Report DENTAC Formerly Preventive Dentistry Report <small>(Reference: AR 40-3, AR 40-4, AR 40-5, AR 40-10, AR 40-11, TB 11ED 37A SF FORM 403) US ARMY DENTAL COMMAND - POC Form 1000</small> Report Period 30 Sep 05 - 31 Mar 06	
<small>The completed report should be reviewed and approved by the Commander prior to release to US Army Dental Command and Regional Dental Command.</small>	
S: 1 May 06	
SITE (DENTAC):	
DENTAC DENTAL FITNESS OFFICER (as required by AR 40-35, para 5.f.(2))	
Name	
Rank	
DSN/Com Phone	
COMMUNITY HEALTH DENTAL HYGIENIST:	
Name	
Rank	
DSN/Com Phone	
HEALTH PROMOTION POC:	
Name	
Rank	
DSN/Com Phone	
DENTAL READINESS PROGRAM <small>[AR 40-35 Paragraph e]</small>	
1	Has a representative to this year's Oral Health Workshop of the Force Health Protection Conference been named by your DENTAC? (B-11 Aug 06) If so, whom?
2	Do you have health promotion materials displayed (i.e., posters, videos, fact sheets, etc) at your clinic, in processing or MOB/SRP station?
3	Do you use the Casey Educational System or anything like it in your clinics (if so, what)?
4	Briefly describe its use as well as the pros and cons of using it.
<small>This report is also used in support of the annual Academy of General Dentistry's Constituent of the Year Application. The articles and activities that you forwarded with the PDR helped the Army to be awarded First Place in the Federal Services category for the last 2 years. Thank you for your help in promoting health to our Soldiers and Army dentistry to the civilian sector.</small>	
CLINICAL ORAL HEALTH AND HEALTH PROMOTION PROGRAM <small>[AR 40-35 Paragraph f]</small>	
5	Has your DENTAC conducted health promotion refresher training in the last six months? a) If yes, when?

Community Oral Health Protection Report



- Importance:
 - Updates DENCOT on DENTAC prevention practices, fluoride uses, products in formulary, etc
 - AGD Constituent of the Year Report

Community Oral Health Protection Report



- AGD Constituent of the Year Rpt
 - Newspaper Articles
 - News clips
 - TV coverage
 - Photos of clinic activities
- Historically...
- Need current snapshots



2003 National Call to Action to Promote Oral Health

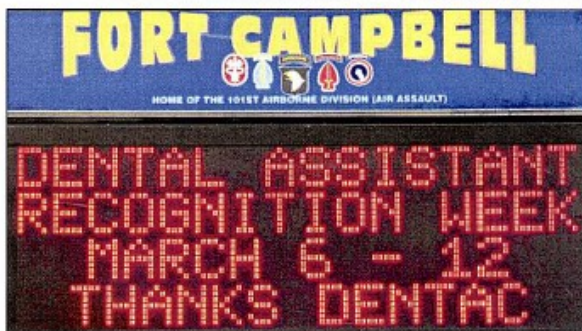
- *Change perceptions of oral health care*
- *Overcome barriers to care by replicating effective programs and proven efforts*
- *Build the science base & accelerate the science transfer*
- *Increase oral health workforce diversity, capacity and flexibility*
- **Increase collaboration**

Are you Partnering with.... ???

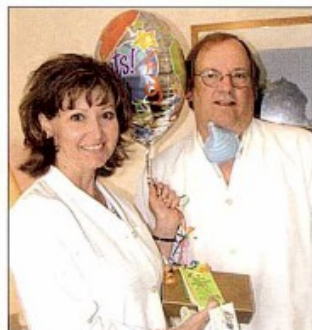
Dental Assistant Recognition Week



- 5-11 March 2006
- ADAA Sponsored
- Opportunity to celebrate your dental assistants dedication and hard work throughout the year
- Report back to me in April
 - Write up – minimal
 - **Photos!!!!**



Ft. Campbell, Kentucky, welcomes you and DARW.



Reward and recognition for selected members of the Creative Arts Dental Lab.

OTHER ORGANIZATIONS

FIRST PLACE

DENTAC/DCC
FORT CAMPBELL, KY
Presented by Col. Mark McDonald

Each of Ft. Campbell's dental clinics sponsored activities during the week which included pizza luncheons, catered luncheons and off-post luncheons. A proclamation from T.R. Turner, Commanding General of the 101st Airborne Division, set the tone for honoring all assistants and the marquee message at the main post entrance gave the message brightly.

SECOND PLACE

DENTAC/DCC
CAMP ZAMA DENTAL CLINIC, JAPAN
Presented by SFC Darren A. Wade

Military and civilian assistants were honored at Zama during DARW with first a newspaper article, then signs throughout the community. A luncheon was held in their honor at the Community Club with Col. Garland Williams thanking them for their service and presenting each with his commander's coin of excellence. The entire team was treated to attendance at the 2005 Tri-Service Dental Society Annual Conference in Tokyo providing them with 19.5 hours of CE and a world class dinner reception.

HONORABLE MENTION

CREATIVE ARTS DENTAL LAB, INC.
SACRAMENTO, CA
Presented by Valerie Penrod

The lab selected three outstanding dental assistants from offices they are serving and on March 7 presented them with the following: A DARW certificate, a card with both a Starbucks and Jamba Juice gift certificate, a balloon and a "Love Your Dentist" T-shirt order form (prepaid of course).

618TH DENTAL COMPANY

KOREA
Presented by CPT Paul Graves

Local events were planned during the entire span of DARW but all assistants came together in Seoul at the close of the week to attend the Army Dental Ball, most as guests. One local highlight included assistants being taken on a rare tour of the demilitarized zone separating North and South Korea.



Recognition in far-flung places like Japan occurred during DARW.



Ski outing in Korea for 618th Dental Company.

ALSO NOTED

FIRST DENTAL SQUADRON

LANGLEY AFB, VA

Presented by CMSgt Randy Voigtschild

Dental assisting staff was recognized with a "thank you" of candy on Monday and pastries on Tuesday. Wednesday was a field trip to IMAX for the movie "Red Flag." Thursday a full-sized professional popcorn machine was set in the staff break room and free popcorn was available all day long. On Friday, a certificate of appreciation was presented to each assistant by his or her flight commander and an individual photo of each was taken. A full-page article composed of pictures and random interviews with dental assistants was published one week prior to DARW in the base newspaper to ensure community recognition of the event.

OREGON HEALTH & SCIENCE UNIVERSITY

PORTLAND, OR

Presented by Debra Hagg, CDA

Dental educators, faculty and staff honored D.A. students with certificates of appreciation while at the same time honoring Katherine Grinnell, CDA, long-time ADAA member and OSHU educator for her years of dedication to D.A. education.

ST. REGIS MOHAWK HEALTH SERVICES

AKWESASNE, NY

Presented by Michael A. Wiener, DMD

The facility recognized their dental assistants during DARW and thanked them for their tireless work at senior citizen centers, boys and girls clubs and for the many in-clinic educational sessions they conduct. They were also featured in a news article.

375TH DENTAL SQUADRON

SCOTT AFB, IL

Presented by Rhonda L. Adkins, NCOIC

U.S. ARMY DENTAL ACTIVITY FORT BRAGG



CERTIFICATE OF APPRECIATION

IS PRESENTED TO

Dental Assistant's Week 6-12 March 2005
"Delivering Excellence World-Wide"

FOR RECOGNITION OF YOUR PATRIOTIC TEAMWORK, AND DEDICATION TO DUTY WHILE PROVIDING QUALITY DENTAL SERVICES IN SUPPORT OF THE SOLDIERS ASSIGNED AND NOBLENESS AT FORT BRAGG DURING OPERATIONS ENDURING FREEDOM. YOUR CONTINUOUS SERVICE, SUPPORT, AND DEDICATION TO THE MISSION IS GREATLY APPRECIATED BY THIS COMMAND.

DEDICATION AND EXCELLENCE

JENNIFER MENDIS
COLLINS
First Sergeant

R. CHRISTOPHER SHORE
MAJAC
Commander

CHRISTINA WELLEY
COLLINS
Commander

Appreciation in Ft. Bragg, North Carolina.

The Group Commander proclaimed DARW officially and the doctors kicked off the week by cooking and serving breakfast. Then, day by day, certificates of appreciation and balloons were distributed, multiple prizes were awarded in a drawing, an article was published in the base newspaper, a special cake was decorated and served and finally on Friday a luncheon was given and Wild Dental Rodeo was held. Finally, all dental assistants were dismissed early on Friday.

The following are DENTAC entries from around the world.

BAUMHOLDER DENTAL CLINIC

GERMANY

Civilian and military assistants were honored with America flag pins, time-off awards and CE aimed at earning DANB certification. A pizza lunch and a barbecue pot luck wrapped up the festivities of DARW.

FORT BELVIER, VA

Presented by Col. Anne Compton

A poem and a daily activity marked DARW at Ft. Belvoir:

*On Monday at eight, the donuts were great
On Tuesday at nine, red roses were fine
Wednesday at eleven, sandwiches were simply heaven
Ice cream cakes at noon, we ate mighty soon
Thursday's chocolates at one, this couldn't be much more fun
Fridays, pizzas by the dozen, we love all the fussin'.*

FORT BENNING, GA

Love Dental Clinic

Presented by MSG Charlene H. Renesca

Dental officers, civilian and contract dentists hosted a Hawaiian luau and invited all dental assistants, hygienists and auxiliary dental personnel. Dental lapel pins featuring each individual dental specialty were presented along with flower leis.



Easter eggs and gift baskets at Ft. Irwin, Calif.



Vilseck Dental Clinic, Germany.

FORT BENNING, GA

Salomon Clinic

Presented by MSG Renesca

During DARW, each member of the clinic was recognized with snacks and luncheon and a certificate of appreciation from Col. James M. Gergly and SFC Michael A. Williamson

FORT BLISS, TX

Presented by Barbara Gravelin

A luncheon, the Commander's announcement and posters at all dental clinics recognized the support dental assistants provide in mobilizing and deploying soldiers for Operation Iraqi Freedom.

FORT BRAGG, NC

Presented by 1st SG Benitez

Several activities were scheduled at Ft. Bragg's dental clinics and all assistants received carnations and certificates of appreciation.

FORT DRUM, NY

Presented by MSG Claudio D. Carrasco

DENTAC assistants and their fellow dental professionals participated in the Shamrock Run on March 17. A special recognition breakfast for civilian and military assistants was given and recent graduates of the Red Cross dental assistant training program were presented with their certificates. Other assistants were recognized with performance appraisal awards and certificates. A cake cutting ceremony ended the week.

FORT EUSTIS, VA

Presented by SSG Marsha Wright

Officers in Charge and Non Com OICs showed their appreciation of dental assistants by hosting a luncheon at a local restaurant near their respective clinics. On March 11, each civilian and military assistant was recognized and presented with a certificate of appreciation, a donated gift and gift certificates.

FORT GORDON, GA

Presented by SSG Michael C. Mason

A luncheon honoring the 94th anniversary of the U.S. Army Dental Corps kicked off DARW observation at Ft. Gordon. Assistants were treated to this luncheon by the officers of the Tingat Dental Clinic. Throughout the week assistants were presented with certificates of appreciation and treats of luncheon and flowers and snacks. One hour off was also given.

FORT HOOD, TX

NCOIC Dental Clinic #2

Presented by SSG June Etchison

The clinic's eight oral maxillofacial surgery assistants were honored with a certificate of appreciation (page 28) and a recognition luncheon acknowledging the experience and knowledge possessed by these professional clinicians.

FORT HUACHUCA, AZ

Presented by SSG Mitchel, NCOIC, and

Col. Brace, Commander

A pizza and buffalo wings party was sponsored by the Fort's dentists and each assistant was presented with a carnation and a dental ribbon lapel pin. A special DARW cake was then cut.

FORT IRWIN, CA

Presented by SSG Soriano

Monday through Wednesday treats included an egg hunt – over 350 eggs were hidden – with the winner getting the pick of available gift baskets. These were also "Pamper the Assistant" Days with actions or written words showing signs of appreciation from "secret NCOs" who later revealed themselves. Thursday was brunch, certificates of appreciation, flowers and pictures as well as a field trip to Barstow for a U.S. Marine Corp Drum and Bugle Corps presentation and lunch.



Cookin' at Ft. Leonard Wood, Missouri.

FORT KNOX, KY

Presented by SSG Izowski

Strategically located electronic billboards throughout Ft. Knox read as follows: Dental Assistants Recognition Week scheduled for March 5-12 is a week-long tribute to the commitment and dedication dental assistants exhibit throughout the year. Show your appreciation to a dental assistant today. Certificates of appreciation and luncheon were given.

FORT LEE, VA

Presented by CPT(P) Martin

Signs throughout the clinic and a special cake every day made DARW special at Ft. Lee. On Friday, all dental assistants (and the clinic's one dental technician) were given certificates of appreciation and honored for their contribution at a ceremony. All assistants were treated to a luncheon.

FORT LEONARD WOOD, MO

Presented by Connie Faulkner

A personal visit to each dental assistant was made by the DENTAC Commander and included a chocolate rose and a thank you for their contribution. The Post marquee carried a message about DARW and an article was prepared for the Post paper. Dentists and NCOICs barbecued for lunch and served the assistants.

FORT LEWIS, WA

Presented by TSG Smith

The Okubo Clinic created a board with the names and photos of all dental assistants prominently displayed in the reception area. At the clinics at various times, luncheon and flowers were served or a breakfast buffet or pizza was offered. Daily prizes, raffles, goodie bags, certificates of appreciation and a good time was had by all.

FORT MEADE, MD

Epes and DC #3 Dental Clinics

Presented by Deanna Benicewicz, Dental Hygienist



The race is on at Ft. Lewis, Washington.

Banners were installed in each of the clinics for DARW and dentists took turns providing a continental breakfast each day. A luncheon ended the week's activities at Club Meade complete with flowers for the ladies. Each doctor stood and acknowledged and thanked the assistants, and a Beanie Baby Liberty Bear was presented to each assistant.

FORT MYER, VA

Presented by SFC Francine Bullock

The Rader Dental Clinic presented flowers and a continental breakfast for openers and closed with a pizza party sponsored by the NCOs and doctors. In between, fliers were posted praising the assistants for their professionalism and dedication.

FORT STEWART, GA

Presented by Col. Thomas G. Homing

An article in the Post newspaper and an electric bulletin board at the entrance to Ft. Stewart and Hunter Army Airfield installations announced DARW and a personalized certificate of appreciation plus a special pin made the event special for the assistants. There were raffles with popular service and merchandise prizes donated by local merchants. Highlight of the week was a luncheon and river cruise on the Georgia Queen.

FORT WAINWRIGHT, AK

Presented by MSG Barry Whitely

"Dental Assistants Make America Smile" was the slogan on the T-shirt that DENTAC Commander Col. Hamilton purchased for all the assistants at Ft. Wainwright and Ft. Richardson, Alaska. Also the Ft. Wainwright assistants were treated to luncheon and included three Red Cross dental assistants in training.



Baskets of goodies at Ft. Stewart, Georgia.

GRAFENWOEHR DENTAL CLINIC, GERMANY

Presented by CPT Peyghambarian

Each morning of DARW dawned with a different array of breakfast treats. Then added attractions included a movie night complete with popcorn and soft drinks and pizza/lasagna lunch and an afternoon of free bowling at the base alley. Everyone received a certificate of appreciation and certificates offering 50% off on an international trip, a free ski trip with lift tickets, and free bowling rentals.

HOHENFELS DENTAL CLINIC, GERMANY

Presented by CPL Sheena L. Santiago

Baseball caps and bowling-related gift certificates started off the week along with a certificate for 50% off on any international trip in Europe. A personal thank you from the entire clinic staff and gifts were given at a complimentary dinner hosted by doctors, hygienists and soldiers.

NATO DENTAL CLINIC

Presented by LTC Dom Reynders

This clinic has only one dental assistant and NCOIC who helps out in his absence. So during DARW, LTC Reynders took both to breakfast to show his appreciation and also took his assistant to lunch. He said that "a week is not enough to show my appreciation."

SHAPE DENTAL CLINIC COMMAND

Presented by SFC Claude D. Lewis

At the Supreme Headquarters Allied Power Europe (SHAPE) Dental Clinic Command luncheon, banners and blooms provided recognition for dental assistants who received a certificate of appreciation and flowers at a clinic luncheon.

TRIPLER ARMY MEDICAL CENTER, HAWAII

Presented by FSG Harris

An all-you-can-eat buffet, picnic lawn games and a day at Hawaiian Waters Adventure Park were treats for all dental assistants funded by the Family Readiness Group. Each assis-



A race of another kind at Tripler Army Medical Center, Hawaii.

tant was presented with a certificate of appreciation from Col. Randall N. Ball, Pacific Regional Dental Commander.

VICENZA DENTAL ACTIVITY, ITALY

Presented by Jennifer Crook

Flowers and a thank you note started the week followed by a brunch prepared and served by the docs and NCOs of the clinic complete in dress blue uniforms. Every day there was some sort of recognition or perk for the dental assistants whose work is obviously valued the other 51 weeks of the year as well.

VILSECK DENTAL CLINIC

GERMANY

Gratitude was the DARW theme here and thank you banners to the dental assistants were posted in 12 different languages. Brunch and lunch were given and a competition Bake Off was held with the winner receiving a 60-minute professional massage gift certificate. Friday brought a giant raffle and every dental assistant won something.

WALTER REED ARMY HOSPITAL

WASHINGTON, DC

Presented by SGT Mary Spears

Food, glorious food, in the break room every morning drew attention to DARW and gift drawings twice daily that ran the gamut from movie rentals to a portable TV. A buffet luncheon was the setting for presentation of a carnation and certificate of recognition. The week ended with a daiquiri and piñata party.

WUERZBURG DENTAL ACTIVITY

GERMANY

Dental assistants were the focus of attention at the U.S. Army hospital with breakfast each morning and coupons for steak house and Burger King meals also given. There was also a pizza party. Each assistant received a gift certificate for a massage.

DARW



- Kits sent from DENCOM end of January
- Army poster is e-mailed to all Cdrs
- “Personalized” posters available upon request

Delivering Excellence... Throughout the World



No matter where the setting or the location, assistants enhance the delivery of quality dental health care and are critical members of the dental team. The role of dental assistants has evolved over the years, with assistants now involved with many aspects of dental practice.



March 1 - 15, 2006

has been designated by the American Dental Assistants Association, along with the U.S. Army Dental Command, the American Dental Association, the Canadian Dental Association and the Canadian Dental Assistants Association, as the perfect time to acknowledge and recognize the versatile, multitalented member of your dental team-your Dental Assistant.



U.S. Army Dental Command

This message is promoted by the American Dental Association's Council on Dental Practice in cooperation with the U.S. Army Dental Command, the American Dental Assistants Association, Chicago, IL, the Canadian Dental Association and the Canadian Dental Assistant's Association, Ottawa, Ontario.

502nd Dental Company

Delivering Excellence... Throughout the World

502nd Dental Company, Iraq

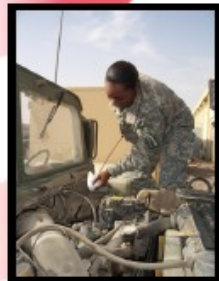


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March 6 - 12, 2006

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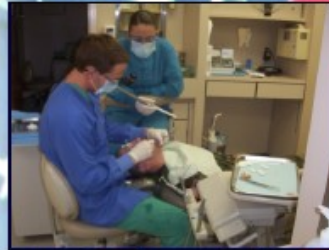
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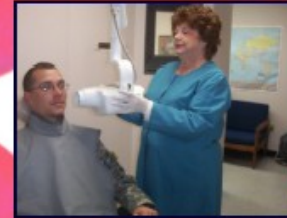
FT RUCKER

Ft Rucker Dental Clinic Command

Delivering Excellence... Throughout the World



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Delivering Excellence...

DARW at the Wuerzburg Hospital Dental Clinic

No matter where the setting or the location, assistants enhance the delivery of quality dental health care and are critical members of the dental team. The role of dental assistants has evolved over the years, with assistants now involved with many aspects of dental practice.



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2000 POSITIVE?



Health Promotion Initiatives

2006

- Caries / Tobacco Risk Assessment
- Fluorides
- Sealants
- Nutrition
- Tobacco
- Mouthguards
- Skin, Lip and Oral Cancer
- Domestic Violence
- Blood Pressure Screening



Challenges to changing health related behaviors

101

✓ Oral

What is said is

NOT

✓ Written

What is heard

✓ Visual

Over and over and over and over and over and over and over and over and over and ...



Local Partnerships

Hospital

- Army Community Health Nursing
- Internal Medicine
- Wellness Center
- Nutritionists
- Social Work Services
- Dermatology

Garrison

- ACS
- MPs / CID
- Fitness Center
- Sports Branch



“TEAM” Approach



T each

E very

A vailable

M oment

***T
ogether***

***E
veryone***

A chieves

M ore



TEAM Approach to *Population Health*

Clinic Waiting Room

- Video Loops
- Posters
- Pamphlets
- Static Display
 - Posters
 - Sugar Chart
 - TUC Info

**Awareness
Campaign**

- Mr Gross Mouth
- Decay Model



TEAM Approach to *Population Health*

- Front Desk – Annual Exam Stamp
- Patient Treatment Team
 - Dentist, Dental Assistant, Dental Hygienist
 - Patient Interviews
 - Reinforce Positive Lifestyles
 - Reinforce Oral Messages with written materials
 - Referrals



Population Health Measures





Caries Risk

- Low
- Moderate
- High

Tobacco Risk

- No
- Smoke
- Chew
- Both

Classify each patient in
1 caries risk category and 1 tobacco
risk category. Record in record and
input into CDA

Caries Risk uses 1995 JADA Supplement
Guidelines

Annual Exam Stamp



PERIODIC ORAL EVALUATION

BP ____ / ____

PSR

BWX ____ PAX ____ PANX ____

SOFT TISSUE WNL : Yes / No

CARIES RISK: Low Mod High

TOBACCO: No Smoke Chew Both

We're tracking for our purposes,
but it also helps with treatment planning.
Would it benefit your practice?



Low Risk

- *No new carious lesions in last 3 years*
- *Good oral hygiene*



Moderate Risk

- One new carious lesions in last 3 years
- Exposed roots
- Fair oral hygiene
- White spots and/or inter-proximal radiolucencies
- Irregular dental visits
- Orthodontic treatment



Caries Diagnosis and Risk Assessment,
American Dental Association, 1995

High Caries Risk



- 2 or more new carious lesions in last 3 years
- Past root caries
- Deep pits and fissures
- Poor oral hygiene
- Inadequate use of topical fluoride
- Irregular dental visits
- Inadequate salivary flow



U.S. ARMY

Proud to Be Here, Proud to Serve

SOLDIER CENTRIC



An Army of One



Population Health Model

- How do you approach a clinic full of Dental Class 3 patients?

One Soldier at a time...

- But approach it in a public health model
- *Don't just correct a problem, help the Soldiers understand how to PREVENT it from reoccurring*



Regimens in the Prevention Arsenal

- Education/reinforcement
- Dietary analysis and counseling
- Professionally applied topical fluoride
- Sealants
- Xylitol gum
- Chemotherapeutics
- Water fluoridation
- Topical fluorides for self-care
- Tobacco education & cessation
- *Recall*

Nutrition...

- Especially important with high risk patients
 - ✓ Composition of the total diet
 - ✓ Frequency of consumption of sugar
 - ✓ Stickiness
 - ✓ How long the food remains in the mouth
- Troops – increase in rampant caries – high correlation to the “Mountain Dew Generation”
- ➔ *Partner with local dieticians & refer when necessary*



Assessment....Intervention

- Assessment: An Army Requirement
- ***Intervention:***
Corporate Level.... DENCOM
 - Fluoride varnishes
 - Sealants
 - Xylitol gum in MREs
 - *Availability of more Xylitol Products

We have to get back to the BASICS



Brushing and Flossing



“All together now-1, 2, 3, 4!”
Dental hygiene in Vietnam

BASics....



- Chairside OHI
 - Brushing: in mouth demo
 - Flossing: in mouth demo
 - Nutrition: discuss caries process
- Repeat, repeat, repeat...



Caries Process

- 20 minutes of an acid attack with every intake of sugar

Sugar → 20 Min of acid attack

(15min) Sugar → 35 Min

(20 min)

Sugar → 55 Min

Fluorides



- Multiple & Judicial Use of Fluoride
- Community fluoridation
- Home use of OTC products
- Home use of prescription products
- Professionally applied products

Why Fluoride?



- Fluoride is effective at preventing caries and even reversing early carious lesions
- Primary mechanism is topical
- Helps prevent demineralization and aids in remineralizing areas
- Maximum benefit from multiple exposures
- Fluoride is not just for children

CDC Fluoride Summary



- Widespread use of Fluoride – major factor in decline in prevalence and severity of dental caries
- Fluoride is safe and effective
- *Frequent exposure to small doses is key*
- Predominant effect is topical
- Everyone should drink fluoridated water

Morbidity and Mortality Weekly Report (MMWR) – August 17, 2001

CDC Fluoride Summary



- *Frequent exposure to small doses is key*
- *Rinsing after brushing diminishes fluoride effects*
 - *Consider rinsing with an OTC fluoride rinse after brushing (such as ACT), esp for high risk patients*

Professional Fluoride Treatments



- Recommended Patient Selection for Professional Topical Fluoride Applications
 - All patients (children & adults) with active caries
 - Patients considered to be at high risk
 - Children with newly-erupted teeth regardless of caries risk status
- Newly erupted teeth are caries susceptible for two years after eruption due to lack of complete calcification upon eruption



Professionally applied topical fluorides



- **Approved Fluoride Systems**
 - 8% Stannous fluoride
 - 1.23% Acidulated Phosphate Fluoride
 - 2% Sodium Fluoride
- All 3 systems are essentially equal in effectiveness with caries reductions of 30-35% in clinical trials
- ***NOTE: There are no other approved fluoride systems for applications in the dental office.***

1 vs. 4 minute Fluoride?



~~ONE
MINUTE
GELS~~

→ *1-minute applications never accepted by FDA or ADA*

- Use what will really help the patient
- No clinical trials in the literature to support the anti-cariogenic effect of an annual or semi-annual 1-minute topical fluoride treatment.
- *Multiple studies support the 4-minute treatment:*

Enamel Uptake (ppm)		
	<u>1 minute</u>	<u>4 minutes</u>
APF GEL	3300	4917

use 4 minutes for complete uptake

Fluoride Varnish

- **Duraphat[®]** (Colgate Oral Pharmaceuticals)
5% NaF - 10 ml tube
- **Duraflor[®]** (Medicom[®] Inc.)
5% NaF - 10 ml tube
- **Fluor Protector** (Ivoclar-Vivadent) (unit-dose)
1% Difluorsilane
- **CavityShield[®]** (OMNII)
5% NaF (unit-dose)



Ease of Application



Fluoride Varnish

VANISH[®]

5% NAF WHITE VARNISH

- New on Market
- Spreads more easily & is colorless due to use of different rosin than traditional varnishes
- Sized for individual tx
- 2 flavors
- Bulk packaging



VANISH[™] 5% White Varnish



**Traditional 5% NaF
varnishes**



Varnish Application

- Clean teeth, but prophylaxis not required
- Peel foil & remove brush
- Using bristle end of brush, mix varnish thoroughly in well
- (HINT: Vaseline lips to ensure varnish removal)
- Blot tooth surfaces to remove excess saliva
- Paint evenly on dried tooth surfaces



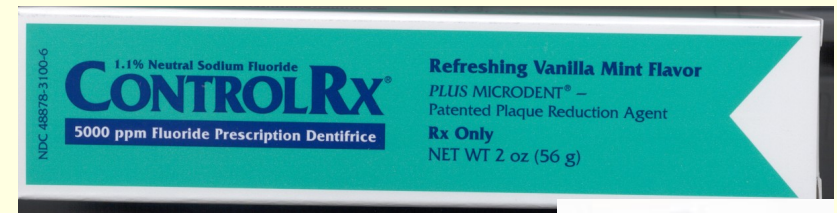
Varnish Application

- Patient can leave immediately after treatment
- Best to leave varnish on teeth as long as possible, 4 hours minimum
- Instruct patient to avoid hard foods, brushing teeth & products containing alcohol (beverages or rinses)
- Varnish can be removed from instruments with alcohol.



Home Use Fluorides

- For Moderate and High Risk Patients
- Prescription topical fluorides
 - Control Rx – 5000 ppm
 - Prevident 5000™
 - Fluoridex
 - Sultan's Take Home
- OTC Products
 - Toothpaste
 - ACT™
 - Fluorigard™



Sample Prevention for High Risk Patients



Plan

1. Restore cavitated lesions
2. Seal remaining pits & fissures
3. Multiple professionally applied fluoride
4. Reinforce hygiene
5. Home fluorides
6. Xylitol chewing gum
7. Chlorhexidine rinse

Preventive Regimens: Sealants



Could / Should
these teeth be
restored with
sealants?

Are you training
your Dental
Assistants to place
sealants ?

Sealants

Dental Sealants



- High need in military population
- Potential to greatly reduce future operative workload



The Case for Sealants in the Military Population

Fluoride is the single most important factor responsible for the decline of caries prevalence in children and adults.

(Newbrun E, J Public Health Dent Effectiveness of Water Fluoridation 49:15 279-89, 1989)

Because of fluoride's impact on the smooth surfaces of teeth, caries attack patterns have shifted to predominantly pit and fissure surfaces.



Why Sealants?

- Approximately 2/3 of all carious lesions are on occlusal surfaces
 - Fluoride treatment is least effective on occlusal surfaces
 - Sealants only predictable clinical procedure available for preventing occlusal caries
- (Harris & Christen, 1991)



Military TEAM Approach to Sealants

- ✓ *Treatment plan must reflect need for sealants*
- ✓ *Exam doctors essential to success*
- ✓ *DA Training program for sealant placement*
- ✓ **Seal available At-Risk Teeth during Class 2/3 appointments**



Don't reinvent the wheel



- Ft Drum Program on DENCOM Website
- Sealant training program adapted from DENSPLY

Dental Class Three
Conditions

**Dental Sealant
Training
Program**

Preventive Regimens: Xylitol or Sugarless Chewing Gum



- Recommended for Moderate & High Risk patients *who chew gum*
- Shown to have antimicrobial action
- Xylitol products should be available on post
- OTC sugarless gum has benefits, but not as effective as Xylitol

Xylitol Advantages



- Clinical studies have indicated that repeated exposure to xylitol affects oral microflora and lowers caries rates. *(Cited in 2001 NIH Consensus Conference for these properties.)*
- Positive health impacts have been suggested in areas as diverse as cystic fibrosis, otitis media, and osteoporosis.

History of Xylitol



- 1890 Discovery
 - France-Betrand
 - Germany-Fisher&Stahe
- World War II – Finland's Sugar Supply
- 1943
 - Finalized refinement
 - First Crystallized Xylitol



History of Xylitol

- Xylitol is found in nature in many fruits, berries, and vegetables, and has always been a part of our diet. It is extracted from the bark of birch trees for commercial use.
- Xylitol is a natural sugar.
Sugars = sucrose, glucose, fructose. Alcohols = ethyl-alcohol.

Polyol = sorbitol, manitol, maltitol, Xylitol.

- Not artificial, like saccharin.

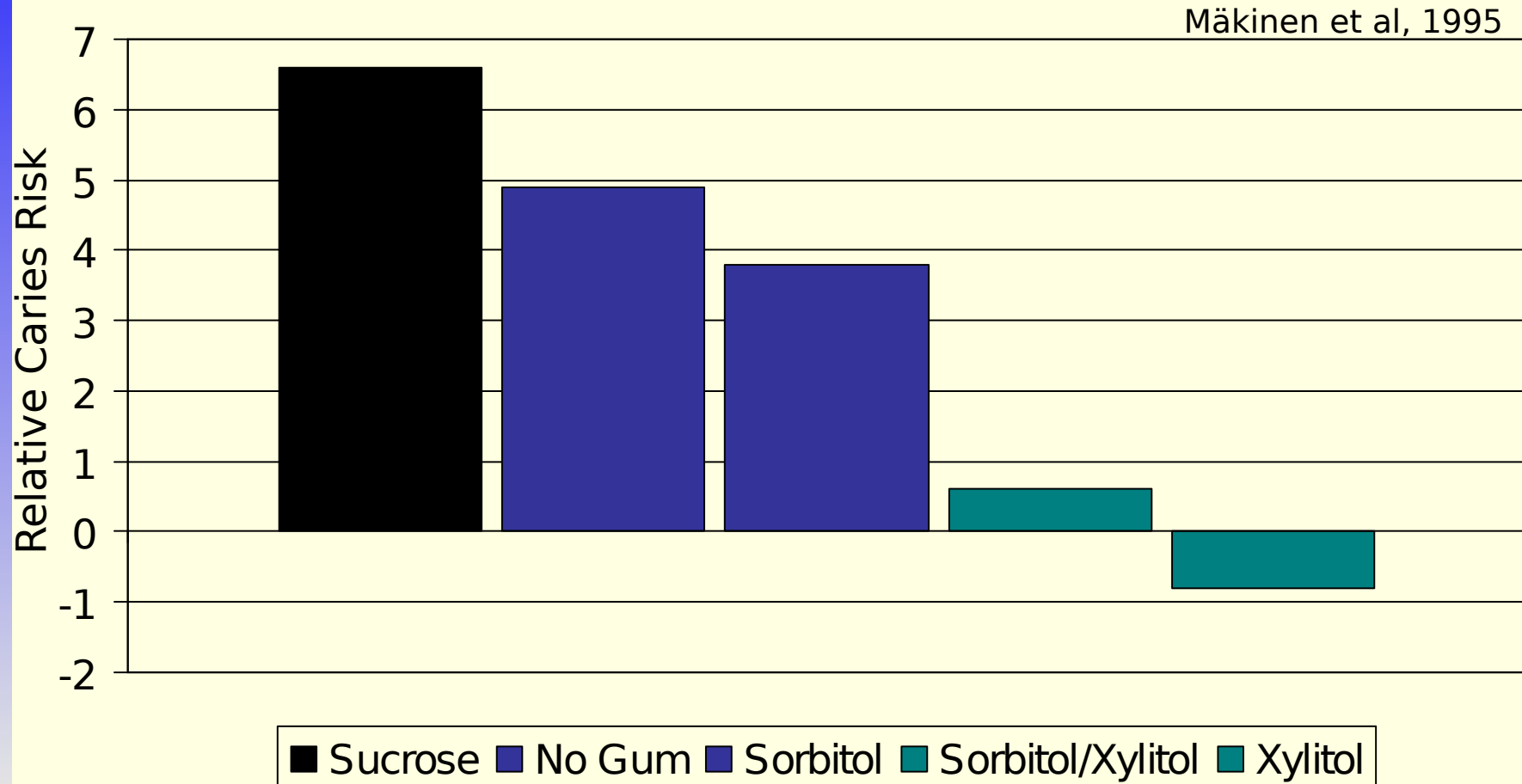


Xylitol-A Different Polyol

- Xylitol as a sweetener
 - **Bulk product ~1 to 1 with sugar**
 - Other polyols require more sweetener
 - Sweetest of the polyols
 - 100g Sorbitol = 60g Xylitol
 - 100g Maltitol = 82g Xylitol
 - **As Sweet as Sucrose (table sugar)**
 - High Cooling effect
 - High solubility
 - High negative heat of solution

XYLITOL CLINICAL STUDY- A Cariostatic Advance

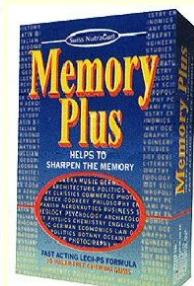
Belize Chewing Gum Study 1989 - 1993





XYLITOL PRODUCTS

EUROPE: Confection and Gum



Xylitol



*As of February 2004, JSORF approved replacement of sugar gum in MREs with **Xylitol Gum** for all Services.*



Xylitol Gum Awareness



- Work with your Commissary and PX to get product on the shelves
- Find out what is available in your area
- Submit short educational reviews and/or articles to Post Newspaper



No matter where you are...



• U.S. • EUROPE • JAPAN • KOREA •



**NO MATTER WHERE YOU ARE...
LOOK FOR XYLITOL FIRST**

U.S. ARMY DENTAL COMMAND
2020 Worth Road
Fort Sam Houston, TX 78234
(214) 221-4824

YOUR DENTIST RECOMMENDS

Xylitol

- ENJOY IT AT LEAST 3 TO 5 TIMES A DAY
- AFTER MEALS OR AS A SNACK
- SAFE FOR THE WHOLE FAMILY

INGREDIENTS: XYLITOL, GUM BASE, HYDROGENATED DULCIFIC SYRUP, MANNITOL, NATURAL AND ARTIFICIAL FLAVOR, CITRIC AND MALIC ACIDS, ASPARTAME, AND ARTIFICIAL COLOR © USA Candy and Gum Company

HUNGARY • KOSOVO • EGYPT • IRAQ • KUWAIT • AFGHANISTAN

HUNGARY • KOSOVO • EGYPT • IRAQ • KUWAIT • AFGHANISTAN

HUNGARY • KOSOVO • EGYPT • IRAQ • KUWAIT • AFGHANISTAN

HONDURAS • BOSNIA • SAUDI ARABIA •



**NO MATTER WHERE
IN THE WORLD YOU ARE
GET ENOUGH OF THE RIGHT STUFF...**

LOOK FOR XYLITOL FIRST!

**U.S. ARMY
DENTAL COMMAND**



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**GET ENOUGH OF THE RIGHT STUFF...
LOOK FOR XYLITOL FIRST.**

No matter where you are...

**NO MATTER
WHERE IN
THE WORLD
YOU ARE**

**GET
ENOUGH
OF THE
RIGHT
STUFF...**

**LOOK FOR
XYLITOL
FIRST!**



U.S. ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234
(210) 221-8241

YOUR DENTIST RECOMMENDS

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A DAY
- AFTER MEALS OR AS A SNACK
- SAFE FOR THE WHOLE FAMILY

INGREDIENTS: XYLITOL; GUM BASE; HYDROXYNATE;
GLUCOSE SYRUP; MANNITOL; NATURAL AND ARTIFICIAL
FLAVOR; CITRIC ACID; MALIC ACID; ASPARTAME; AND
ARTIFICIAL COLOR © USA CANDY AND GUM COMPANY

Look for Xylitol First!



**NO MATTER WHERE
IN THE WORLD YOU ARE
GET ENOUGH OF THE RIGHT STUFF...**



LOOK FOR XYLITOL FIRST!



MREs... *Changing the Landscape of Product Availability*

- Commissary / PX
- Retail Stores
 - Koolerz – production has stopped, but still on shelves
 - ICEBREAKERS – beginning to hit stores
 - Altoids – Cinnamon only
 - Starbucks – Peppermint only
 - Trident – NOT Efficacious dose, but marketing (awareness) is good
- ECAT – 1 mo supply
 - Beechies Xylitol Gum



Tobacco is a Readiness Issue



***United States Army Dental
Command***

Tobacco Kills



*Over
400,000 people each year*

*More people than heroin, cocaine,
alcohol, AIDS, fires, homicides, suicides
and automobile accidents*

COMBINED



We Know:

- ✓ *Tobacco is the single most preventable cause of disease in the United States*
- ✓ *Largest single cause of premature death in the developed world*
- ✓ *If a person isn't a tobacco user by age 18, he will most likely never use tobacco,
unless . . .*



That person joins the **MILITARY**

Sad, but true...



Tobacco...

***The Dental
Perspective***

How can we ignore this significant health issue? In addition, how can we ignore what the primary “portal” of entry of tobacco products into the patient actually is?



Tobacco

*The single most important step
in addressing
tobacco use and dependence is
screening*

Agency for Healthcare Research and Quality



Ask

- ❖ Do you use Tobacco Products?

Advise

- ❖ Of the hazards of tobacco use/Strongly urge all users to quit

Assess

- ❖ The patient's willingness to quit.

Assist

- ❖ In setting a quit date/In the belief that quitting is possible

Arrange

- ❖ Follow-up appt or referral to a tobacco cessation class



The
5
A's



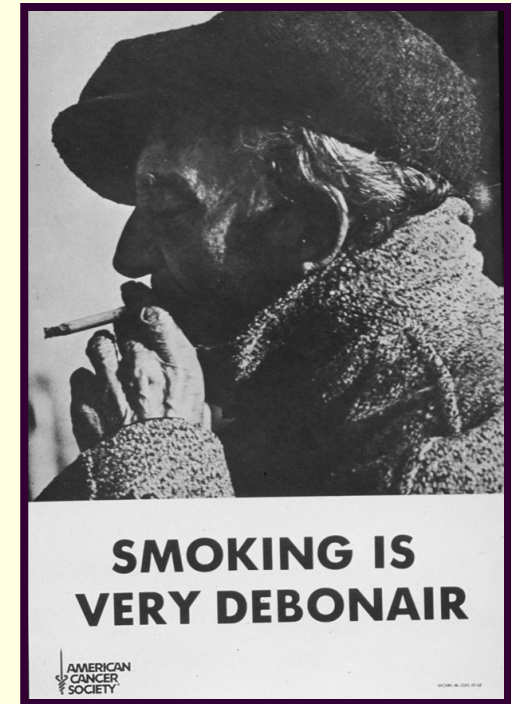
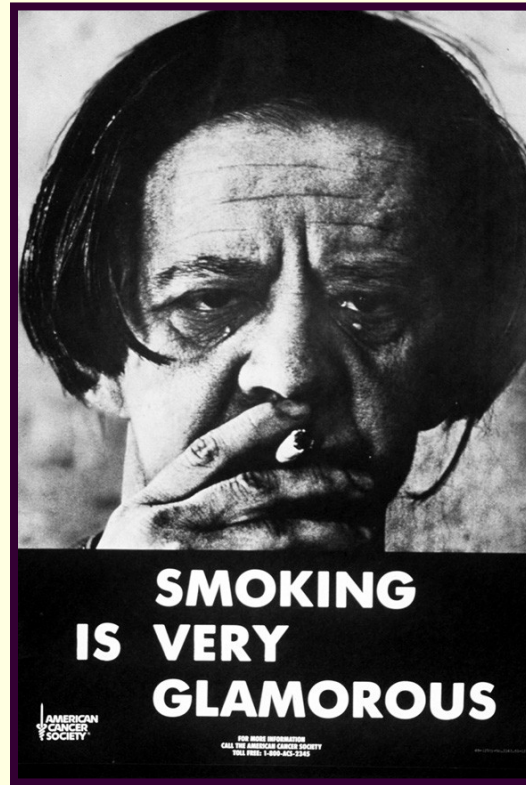
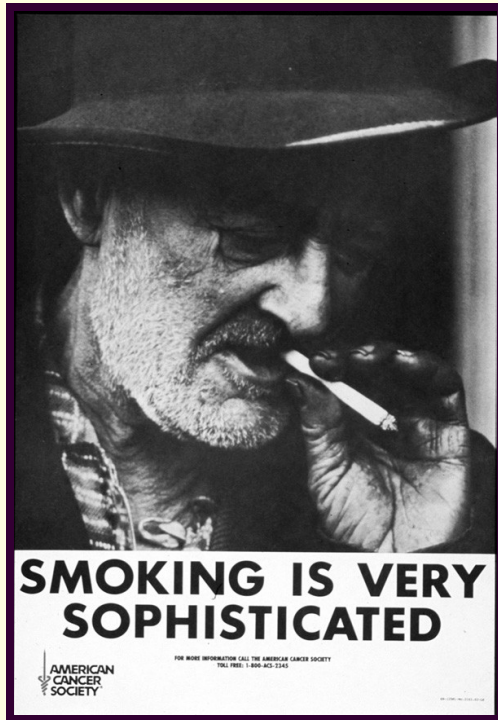
The 5 R's

- ❖ *Relevance:* Provide motivational info relevant to pts
- ❖ *Risks:* Discuss negative impact of tobacco use
- ❖ *Rewards:* Identify potential benefits of quitting
- ❖ *Roadblocks:* What will cause patient to not succeed
- ❖ *Repetition:* Repeat R's each time a user

Relevance, Risk, Rewards, Roadblocks,

Repetition

What do we tell our patients ???



A picture's worth a thousand words....

Brief Messaging



*30 second message to
ALL patients*



Brief Messaging Interdiction

*Encourage
non-tobacco users not to start...*

*“Not using tobacco
products is the single
most important decision
you can make for your
health”*



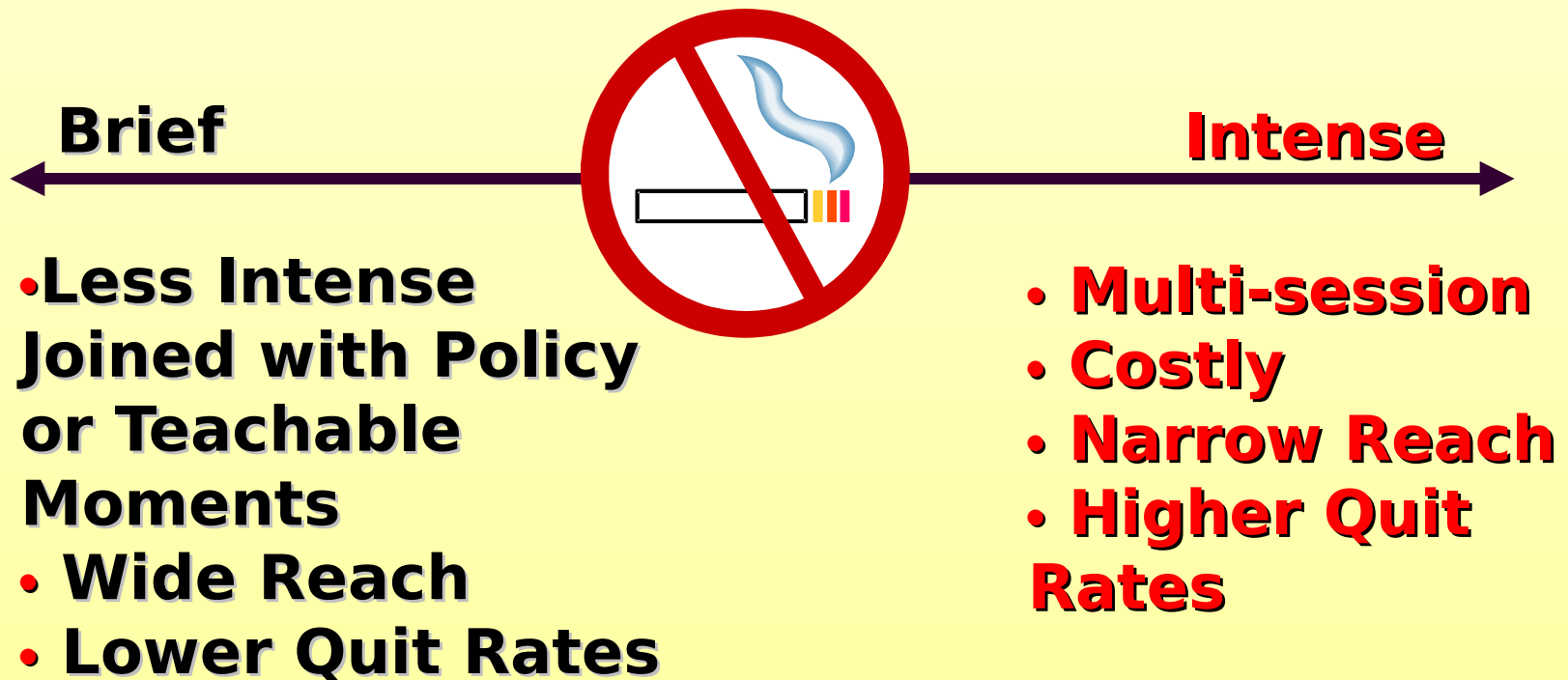
Brief Messaging Interdiction

*Encourage
tobacco users to quit...*

*“Not using tobacco
products is the single
most important decision
you can make for your
health”*



Intervention Continuum



Knowledge is NOT the Problem...



- *Most Soldiers know that tobacco use is bad for their health.*
- *Most current tobacco users want to quit.*

The problem is:

- *Nicotine is powerfully addictive.*
- *Tobacco users often do not know how to quit.*

Tobacco Use and Healthcare Professionals



- *Tobacco use represents a highly significant health threat.*
- *Effective interventions are documented in the literature.*

Yet . . .

- *Clinicians do not consistently identify or effectively intervene with tobacco users.*

Barriers to Tobacco Cessation Treatment



- ✓ *Time constraints*
- ✓ *Perceived lack of skills in tobacco cessation*
- ✓ *Frustration with low success rates*
- ✓ *Insufficient tools to facilitate identification and intervention*
- ✓ *Systems still do not support the efforts made by individual healthcare professionals*



Goal:

- *Reduce prevalence of tobacco use*
 - *Tobacco is a powerful deterrent to health – even for young smokers*
 - *Tobacco use increases healthcare costs*
 - *Most smokers want to quit*
 - *Cessation treatments work*
 - *Relapse is normal*
 - *Quitting is a process*

Providers who use Tobacco Products???




*Unfortunate, but great advisors –
Encourage them to share
experiences*

***70% of all tobacco users
want to quit & have
made at least 1 attempt
to quit***



“A cigarette is nothing
but a delivery device
for premature death.”

Randolph D. Smoak Jr., MD
Past-president of
the American Medical Association



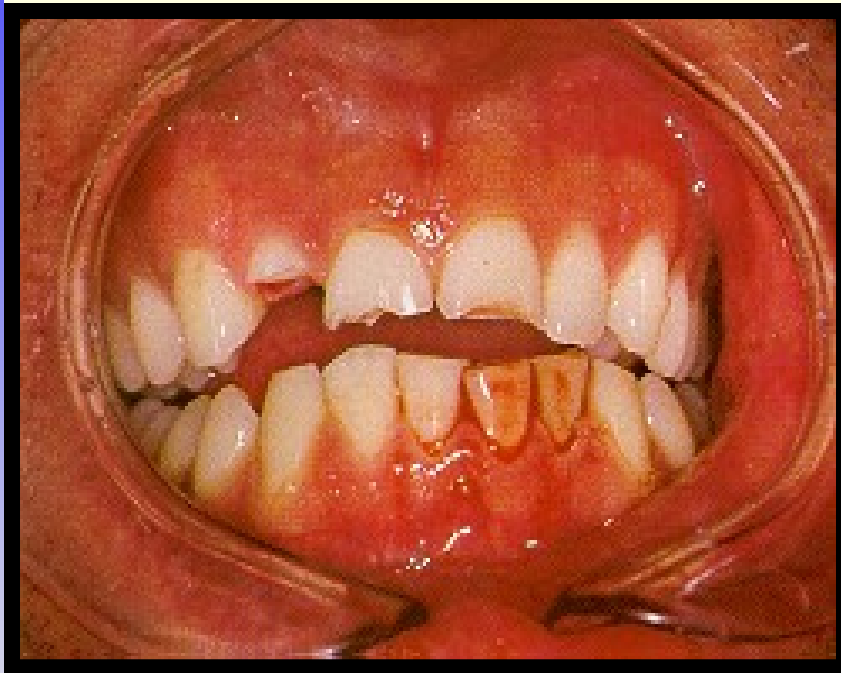
Your Charge...

What works?

It MUST be built in so
Soldiers are not lost
in the shuffle



Prevention/Promotion: Mouthguard Initiative



*A Mouthguard
could have
prevented injury,
keeping the
Soldier Mission
Ready without
the need for
Restorative Care*

Mouthguard Initiative



- *#1 for Prevention*
- *Great marketing / education tool*
- *Ancillary Utilization*

Mouthguard Initiative



- ✓ *Promote Awareness and use of Mouthguards*
- ✓ ***Educate / Fabricate / Motivate***

Basic Combat Training

Boot Camp



US Army Dental Command

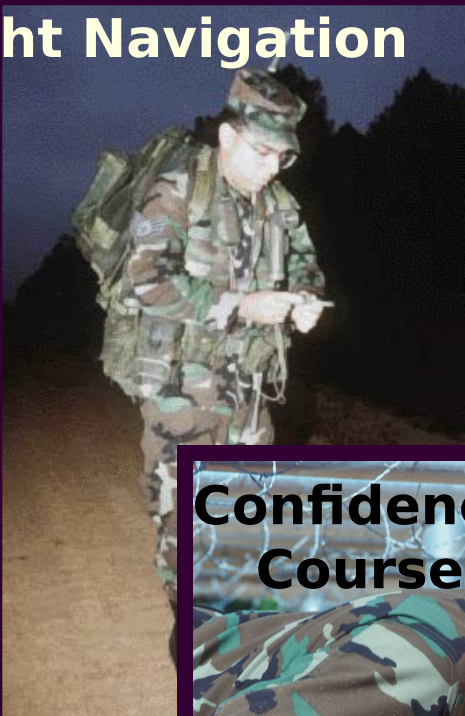
M16 Training



**Confidence
Course**



Night Navigation



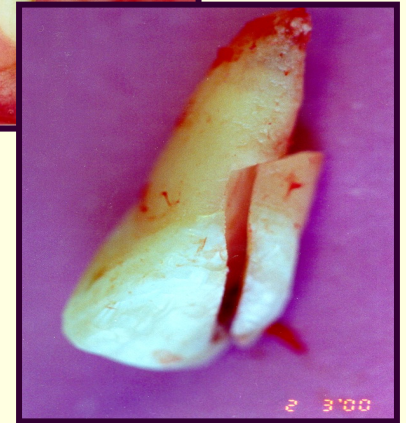
**Confidence
Course**



Training Injuries



18 y/o Female with Fracture
of number 9 and 10 injury
from bayonet training Feb
01



M16 Fracture Number 8
MAR 00

Set Ups



The Basic Essentials



Red Necks Can Be Hazardous To Your Health.




DON'T GET BURNED

AMERICAN
CANCER
SOCIETY



Skin, Lip & Oral Cancer

- *30,100 new cases of oral cancer are estimated for 2001*

(Silverman, JADA Vol 132, Supplement 2001)

- *800,000 new cases of skin cancer annually*
- *Early detection is key to high survival rate*



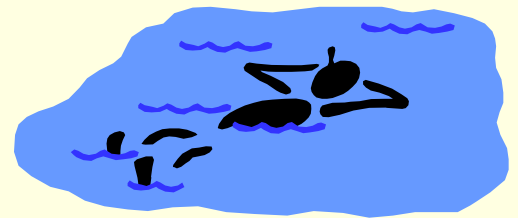
Oral Cancer

- *Tobacco & alcohol account for 75% of all oral cancers*
- *Smokers 2-18x greater risk*
- *Heavy drinkers who smoke > 1 pack cigarettes /day 24x greater risk*
- *Military population has high exposure to oral cancer risk factors*



Skin Cancer: #1 Risk Factor... Sun Exposure

- *Minimize sun exposure*
- *Use SPF 15 sunscreen, even on overcast days*
 - ✓ *Apply liberally, uniformly, and frequently*
- *Avoid the sun between 10am-3pm*





ABCDEs of Skin Cancer

- A – Asymmetry
2 “sides” don’t match
- B – Border
irregular edges
- C – Color
uneven or multiple colors
- D – Diameter
>pencil eraser
- E – Elevation
raised or uneven moles

Warning Signs of Skin Cancer



***Selfcare advice for patient
with Moles: See PCM if
moles...***

- Appear to be changing in size
- Change in appearance or texture
- Itch or are painful
- Feel different than usual
- Become crusted, swollen, red or irritated



“Fake & Bake”

People who use sunbeds fewer than 10 times per year can double their risk of malignant melanoma

(Westerdahl et al. 1994)

In 2000, the U.S. Department of Health and Human Services added solar UV radiation and exposure to sunlamps and tanning beds to its list of known human carcinogens (cancer-causing agents).

2001 Mayo Foundation for Medical Education and Research

Safer Alternative...



- *Spray on tans*
- *Safe alternative*
- *(Still smells)*
- **NOT A SUNSCREEN**



Skin, Lip & Oral Cancer Awareness / Screening Initiative



- ✓ *Promote Awareness*
 - ✓ *Cancer Risk Factors*
 - ✓ *Sun, Alcohol, Tobacco*
 - ✓ *Protective Measures*
 - ✓ *Shirts, hat, sunscreen.
sunglasses*
 - ✓ *Tobacco Cessation*
- ✓ *Screenings & Referrals*
 - ✓ *Self-care advice*



P.A.N.D.A.



Prevent
Abuse and
Neglect through
Dental
Awareness

Artwork and acronym used by permission of the P.A.N.D.A.
Coalition
developed by Delta Dental of Missouri, copyright 1992



P.A.N.D.A.

- Heighten awareness of problem

Red Flags

- Develop partnerships
- Identification of symptoms
- Document Injuries
- Reporting process

Family Violence and Dentistry



- ❖ *As much as 75% of physical abuse involves injuries to the head or neck*
- ❖ *Offenders often avoid the same physician, but return to the same dental office*
- ❖ *Active Duty - Annual dental exams*
da Fonesca et al, 1992; Bernos et al, 1991; Becker et al, 1978



Typical Sites for Inflicted Injuries of Abuse

❖ *Cheek*

❖ *Ear*

❖ *Lip and labial frenum*

❖ *Neck*

❖ *Buttocks and lower back*

❖ *Genitals and inner thighs*



Patient Histories

- ❖ *Obtain histories for patient and sponsor separately. **Do they match?***
- ❖ *Is the injury consistent with the history?*
- ❖ *History of similar injuries in the past?*

Physical findings that may be mistaken for Abuse



- *Accidental*
- *Genetic*
- *Acquired*
- *Infectious*

Legal and Liability Issues

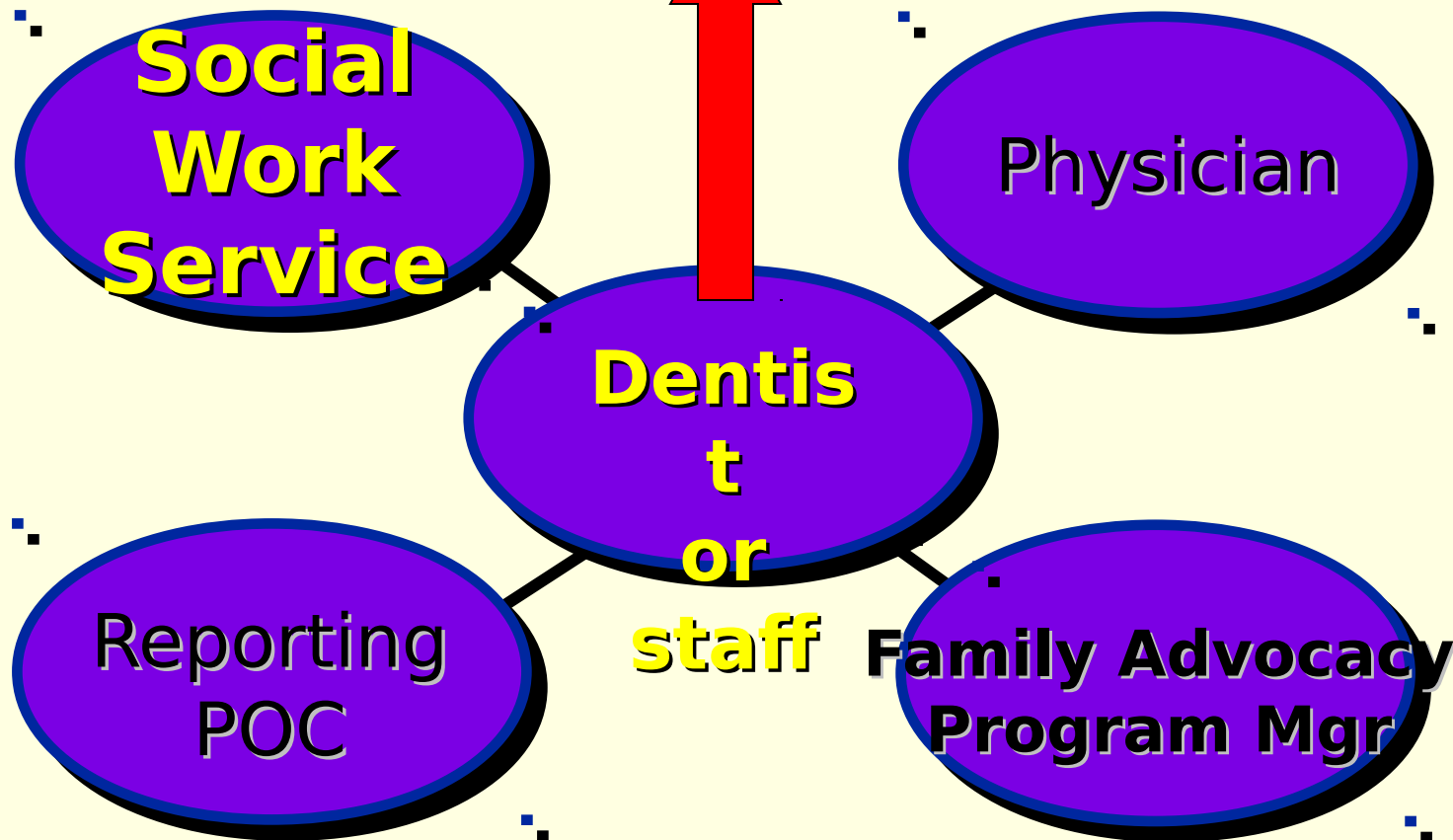


- ❖ *Individual State Laws / Licensure*
- ❖ *ADA Principles of Ethics and Code of Professional Conduct*
- ❖ *DoD: Health Care Providers are mandated reporters*
- ❖ *Confidentiality*
- ❖ *Privileged communication*
- ❖ *Failure to report*

Military Consultations / Partnerships



*Immediately Notify
OIC & NCOIC*



Partners



- **Family Advocacy Program
Mgr**
 - **ACS**
 - **Staff Educator**
 - **PANDA Training available**
 - **HPD - Training set for your
DENTAC**



Whew....

- Where is your prevention program in the great scheme of things?
- You can't do it all immediately, but we really appreciate that you're trying to help the Soldiers.
- What can I do to help you?

The background of the slide features a large, stylized American flag with stars and stripes. Overlaid on the flag are several figures in military uniforms. In the foreground, a soldier in a camouflage uniform and a tan cap is looking towards the right. Behind him, another soldier in a similar uniform is visible. The overall tone is patriotic and professional.

Health Promotion is Mission Essential.

It's a no-brainer for readiness.

With the DENCOT materials,
YOU...

Just add patients!

Simple Steps to Better Dental Health While Deployed



Dental Classifications

Class 1 - Dental Deployable / Full length metal
capped

Class 2 - Dental Deployable / Temporary metal
capped

Class 3 - Dental Non-Deployable / Dental
emergency likely to develop in a deployed / Plastic
capping appliances

Class 4 - Dental non-deployable / Removable full
capped

Check your current dental classification
on AOD or with your unit representative.



Fort Bragg



DON'T LET IT HAPPEN TO YOU!

- ✓ BRUSH!
- ✓ FLOSS!
- ✓ LIMIT SNACKS!

Sugars found in candy, processed
foods, soft drinks (Mountain Dew,
Coke, Dr. Pepper, coffee, or tea with
sugar), and starches found in
crackers, potato chips, and bread
are utilized by dental plaque to
produce acids. Frequent snacking
on these foods put you at higher
risk for cavities dental disease.

- ✓ SEE YOUR DENTIST
REGULARLY

Common Dental Problems and How to Avoid Them

Tooth Decay:

- Cavities, or tooth decay, are most
likely to develop on the chewing
surfaces of your back teeth, between
teeth, and near your gumline.
- Treatment requires the decay to be
removed and your teeth filled.
- Untreated, the cavity gets larger.

Before:



After:



Keep Your Smile Healthy:

- Brush often with fluoride toothpaste
- Floss daily
- Limit snacks
- Limit sugary drinks

Bleeding Gums vs Healthy Gums:

- Plaque, a bacterial buildup on
your teeth, can cause irritation to
your gums.
- Prevention is the key... Frequent
brushing and flossing will
quickly restore health.
- If your gums hurt or bleed while
brushing, see your dentist.



Heavy Plaque Irritates Gums



Brochures are simple to create

- What is the purpose of the brochure?
- Who will it be distributed to?
- Send me information
- Don't forget to "Brand" It!
Send unit crest / photos of your installation



Camp Shelby Mississippi



The Nation's Most Versatile Training Site

Proper brushing helps minimize the risk of tooth decay and gum disease. Use a soft-bristled brush and fluoride toothpaste to remove plaque and food. Replace your brush every three months.



Tilt the brush at a 45° angle at the gum line and move it away from the gumline.
Gently brush the outside, inside and chewing surfaces of each tooth using short strokes.
Gently brush your tongue to remove bacteria and freshen breath.

What is the right way to brush?

- Proper brushing takes at least two minutes. Most adults do not come close to brushing that long. To get a feel for the time involved, try timing yourself.
- To properly brush your teeth, use short, gentle strokes, paying extra attention to the gum line, hard-to-reach back teeth, and areas around fillings, crowns or other restorations. Concentrate on thoroughly cleaning each section as follows:

- Clean the outer surfaces of your upper teeth, then your lower teeth, repeat on the inner surfaces.
- Clean the chewing surfaces
- Brush your tongue

- **Chew** Xylitol-containing gum 3-5 times/day. "Look for Xylitol first", such as **Keweenaw** gum that can be purchased in the PX or commissary.
- **Rinse** your mouth with plain water after drinking sugar-containing drinks.

BE TOBACCO FREE

- Dental problems caused by tobacco use include tooth loss, stained teeth, gum disease, bad breath and oral cancer.
- Tobacco is the single most preventable cause of death and disability in the United States.
- Not using tobacco products is the single most important decision you can make for your health.
- **No** form of tobacco use is safe.
- If you don't use tobacco, don't start.



MOB Center Shelby Dental Clinic
Sick Call 0700-0900
Bldg 1302, Jackson Ave
Camp Shelby, MS 39407
1-601-558-2575 DSN 286

SIMPLE STEPS TO BETTER DENTAL HEALTH WHILE DEPLOYED



DENTAL CLASSIFICATIONS

- CLASS 1** - dental deployable / No treatment needed
- CLASS 2** - dental deployable / Treatment needed
- CLASS 3** - dental non-deployable / dental emergency likely to develop in 6 months / Must receive treatment
- CLASS 4** - dental non-deployable / Annual exam needed.

Check your current dental classification on AKO or with your unit representative.



STAY HEALTHY

- ✓ BRUSH!
- ✓ FLOSS!
- ✓ LIMIT SNACKS!

Sugars found in candy, processed foods, soft drinks (Mountain Dew, Coke, Dr. Pepper, coffee, or tea with sugar), and starches found in crackers, potato chips, and bread are utilized by dental plaque to produce acids. Frequent snacking on these foods, put you at higher risk for cavities dental disease.

- ✓ SEE YOUR DENTIST REGULARLY

COMMON DENTAL PROBLEMS AND HOW TO AVOID THEM

TOOTH DECAY:

- **Cavities**, or tooth decay, are most likely to develop on the chewing surfaces of your back teeth, between teeth, and near your gumline.
- **Treatment** requires the decay to be removed and your teeth filled.
- **Unchecked**, the cavity gets larger.

BEFORE:



AFTER:



KEEP YOUR SMILE HEALTHY:

- Brush often with fluoride toothpaste
- Floss daily
- Limit snacks
- Limit sugary drinks

BLEEDING GUMS VS. HEALTHY GUMS:

- Plaque, a bacterial buildup on your teeth, can cause irritation to your gums.
- **Prevention is the key...** Frequent brushing and flossing will quickly restore health.
- If your gums hurt or bleed while brushing, see your dentist.



HEAVY PLAQUE IRRITATES GUMS



DENCOM Examples



Surgeon General's Report on Oral Health, 2000

★ Oral Health is essential to overall health and well being

- ★ Most oral health problems are preventable
- ▢ Most adults show signs of periodontal disease... 1 in 7 adults between 35-44 years of age are severely affected
- ▢ U.S. employees lose more than 164 million hours of work annually due to dental disease or dental visits

Strategies for Oral Health

- ★ Daily brushing and flossing
- ▢ Healthy eating habits
- ▢ Routine dental check-ups



Remaining COMBAT-READY

★ Daily Oral Hygiene Routine

- ★ **Brush** (2x/day) with a soft-bristled tooth brush and **floss**
 - ▢ Use a fluoride toothpaste
- ★ **No brush?**
 - ▢ Wipe your teeth with a clean cloth
 - ▢ Swish with water after eating
 - ▢ Chew sugarless gum
- ▢ **Limit snacking**
 - ★ Especially sweet, sticky foods
- ▢ **Protect against the sun**
 - ★ Use SPF 15 sunscreen, even on overcast days
 - ▢ Use lip balm with SPF 15
 - ▢ Wear protective clothing, hat & sunglasses
- ▢ **Don't use tobacco products**



Tobacco Use...

- ★ **Is the single most preventable cause of premature death in U.S.**
- ▢ Kills over 400,000 people annually
- ▢ 1 in every 5 deaths is tobacco related
- ▢ **No form of tobacco use is safe**

... is a Readiness Issue

- ▢ **Decreases stamina, night vision and hand-eye coordination**
- ▢ **Delays wound healing**

... is a Risk Factor for

- ★ Oral cancer, throat cancer, periodontal disease, heart disease, emphysema, lung and bladder cancer, stroke, infertility, and the list goes on...

If you don't use tobacco products...

DON'T START

Add your
Unit Crest
Here

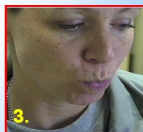
Soldier **Mouthguards**

HOW TO FIT'EM ...

1. SOFTEN MOUTHGUARD IN HOT WATER FOR ABOUT ONE MINUTE. DIP IN COOL WATER.



2. INSERT OVER UPPER TEETH. BITE FIRMLY FOR 30 SECONDS. DON'T CHEW.



3. SUCK AIR OUT OF MOUTH AND TIGHTEN LIPS TO HELP FORM PROPER SHAPE.



4. CHECK FOR IMPRESSIONS OF TEETH INSIDE. PLASTIC BAG.

Use your Mouthguard!

Soldier **Mouthguards...** *You are occupationally at-risk!*



A Mouthguard Can Prevent

• TRAINING INJURIES

Pugil Stick

M-16/Bayonet

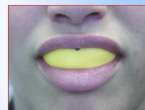
Confidence Course

• UNIT SPORTS INJURIES



3 MINUTES OF YOUR
TIME CAN SAVE ...

SSS THOUSANDS





Sun Exposure...

Be Sun Smart



- ☀ Minimize sun exposure
- ☀ Always drink plenty of water
- ☀ Use SPF 15 sunscreen, even on overcast days
- ☀ Avoid direct sun between 10am-3pm
- ☀ Seek shade when possible
- ☀ Remember to "Slip on a shirt, Slap on a hat and Slop on some sun screen"



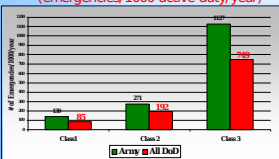


Dental Readiness

Dental Classification

- ★ **Class 1** - Patients with a current dental exam, who do not require dental treatment or reevaluation
- **Class 2** - Patients with a current dental exam, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in a dental emergency within 12 months
- **Class 3** - Patients who require urgent or emergent dental treatment
- **Class 4** - Patients who require dental exams

Dental Emergency Rates as a function of Dental Readiness Classification (emergencies/1000 active duty/year)



Dental Abscess requiring evacuation to field dental unit



Dental Readiness

Dental Class 3 Patients

Patients who require urgent or emergent dental treatment



Avoid dental emergencies:

- ★ Brush your teeth twice a day with a fluoride toothpaste
- Use dental floss daily
- Limit sugary snacks and drinks
- See your dentist regularly



Dental Readiness

Dental Class 3 Patients

Patients who require urgent or emergent dental treatment

BEFORE
Treatment



after
Treatment



Avoid dental emergencies:

- Brush your teeth twice a day with a fluoride toothpaste
- Use dental floss daily
- Limit sugary snacks and drinks
- See your dentist regularly



For ce Heal th Pr ot ection

Dental Readiness...

A Critical Component of Unit Readiness

To Remain Combat -Ready



- ✓Brush & Floss Daily
- ✓Limit sweet, sugary snacks
- ✓Be Tobacco Free
- ✓Be Sun Smart...
- ✓Wear Sunscreen & lip balm with SPF 15
- ✓Wear protective clothing, hat & sunglasses





Did you know that...

- 40% of all traffic fatalities
- 65% of all domestic violence
- 60% of all drownings

...involve alcohol

As preventive medicine...

Eat a diet low in fat

Eat a low-cholesterol diet

Choose a low sodium diet

Eat more fiber, fruits and vegetables

Maintain or improve your weight

Keep moving

If you smoke, quit

Reduce stress

Watch alcohol consumption|

Avoid Dehydration.... How much is Enough?

- Drink at least eight glasses of water every day.
- Avoid beverages containing caffeine, alcohol or large amounts of sugar.
- Eat plenty of fruits and vegetables every day. These foods contain water and will help you stay hydrated.

When you exercise in hot weather...

- Drink at least two cups of water two hours before exercising.
- Drink at least 1/2 cup of water for every 20 minutes of exercise.
- Wear light weight, loose fitting clothing.

DIETARY GUIDELINES FOR AMERICANS

If you drink alcoholic beverages, do so in moderation.

WHAT IS MODERATION?



No more than one drink per day



No more than two drinks per day

This limit is based on differences between the sexes in both weight and metabolism.

COUNT AS A DRINK...



12 ounces of regular beer
(150 calories)



5 ounces of wine
(100 calories)



1.5 ounces of 80-proof distilled spirits
(100 calories)

This limit is based on differences between the sexes in both weight and metabolism.





EASY STEPS TO LIVING LONGER

- Eat low-fat, high-fiber, balanced meals
- Be tobacco-free
- Drink alcohol only in moderation
- Exercise to maintain a healthy weight, healthy cardiovascular system and to reduce stress

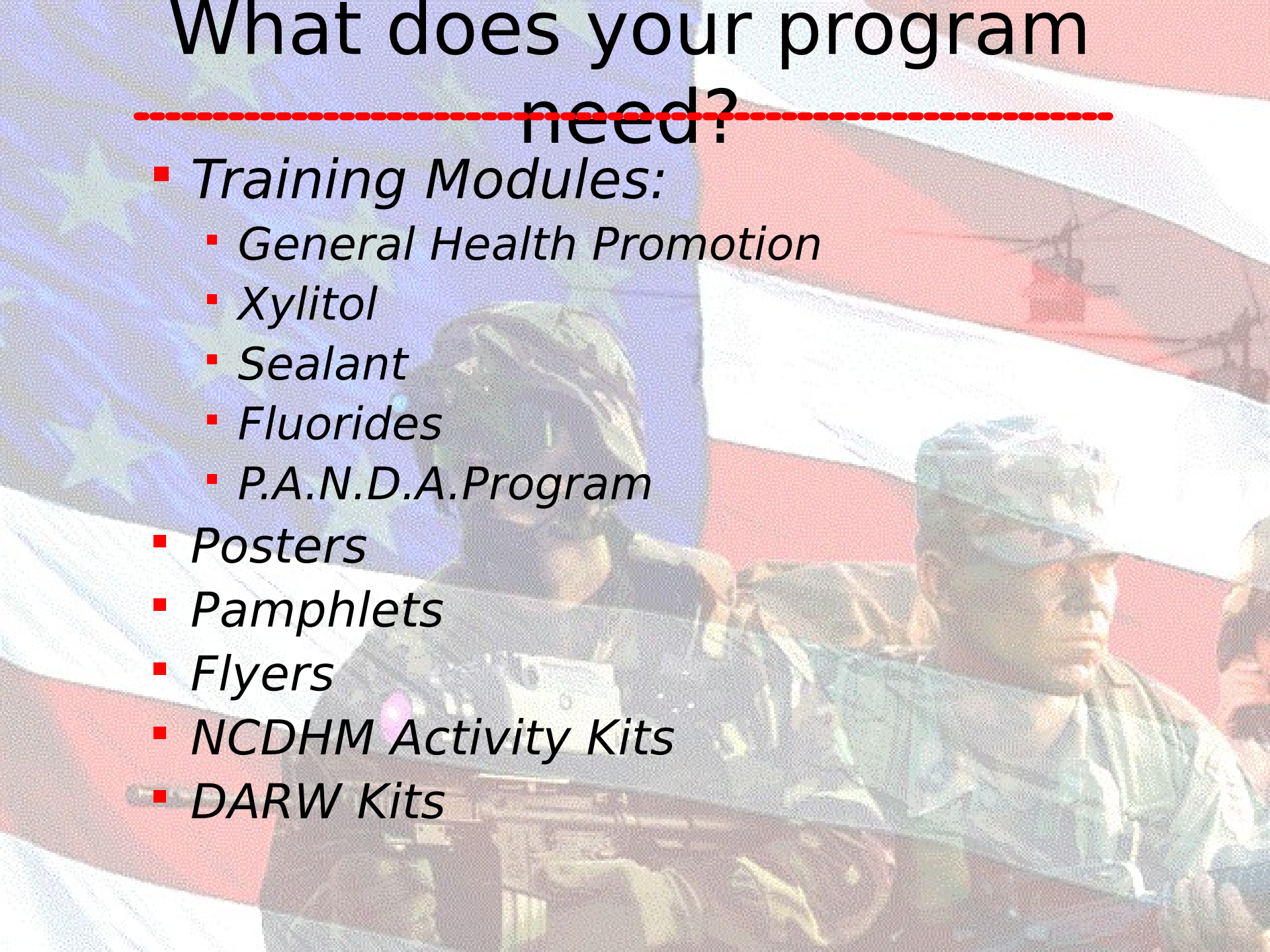


Making positive changes for your heart...

- *Quit smoking – Ask us how!*
- *Lower your cholesterol*
- *Increase exercise – get at least 30 minutes of aerobic exercise 3 times a week*
- *Reduce your blood pressure*
- *Maintain a healthy weight*
- *Eat a low-fat diet*

What does your program need?

- *Training Modules:*
 - *General Health Promotion*
 - *Xylitol*
 - *Sealant*
 - *Fluorides*
 - *P.A.N.D.A. Program*
- *Posters*
- *Pamphlets*
- *Flyers*
- *NCDHM Activity Kits*
- *DARW Kits*



Questions?

